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PROVIDER BULLETIN

DATE: February 14, 2006

TO: Participating Hospitals: Chief Executive Officers, Chief Financial Officers,
and Patient Accounts Managers; and Renal Dialysis Facilities

RE: Update of Covered Renal Dialysis Injectable Drugs

The department currently allows an add-on payment for certain injectable drugs billed on UB-92 outpatient renal dialysis claims (category of service 25). This bulletin identifies changes the department has made to injectable drug coverage. These changes do not affect the State Renal Program.

Effective with dates of service on and after January 1, 2006, the department will provide reimbursement for the following new Healthcare Common Procedure Coding System (HCPCS) injectable drug codes:

- **J1751 – Iron Dextran 165, 50 mg.**
- **J1752 – Iron Dextran 267, 50 mg.**
- **J0882 – Aranesp, 1 mcg.**

Effective with dates of service on and after January 1, 2006, the following HCPCS injectable drug codes are obsolete and will no longer be reimbursable:

- **J1750 – Iron Dextran, 50 mg.**
- **Q4054 – Aranesp, 1 mcg.**

The covered injectable drug codes are identified in the attached update to the Handbook for Hospitals. The Physician Fee Schedule on the department's Web site also contains these codes and identifies their rates. **Hospitals and renal dialysis facilities need to verify rate information and the maximum dosage allowed for the injectable drugs from the fee schedule.** The Physician Fee Schedule is located at <<http://www.hfs.illinois.gov/feeschedule/>>. The department continues to reimburse Erythropoietin billed under revenue codes 634 or 635 with value code 68 at \$9.45 per 1,000 units.

This bulletin and replacement page for the Handbook for Hospitals referencing the drug coverage changes is available on the department's Web site at <<http://www.hfs.illinois.gov/hospitals/>>. Changes to the replacement handbook page are acknowledged by an "=" to the left of the affected text. Please note that the Handbook for Hospitals is not currently available on the Web site.

Paper copies of the replacement page, as well as an entire handbook, may be obtained by written request. To ensure delivery, you must specify a physical street address when requesting a paper copy. You may submit your written request to the address below, or fax or e-mail it as noted:

Illinois Department of Healthcare and Family Services
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114
Fax Number: 217-557-8800 / E-Mail Address: PPU@idpa.state.il.us

Providers wishing to receive e-mail notification, when new provider information has been posted by the department, may register at the following HFS Web site:
<http://www.hfs.illinois.gov/provrel>

Electronic claim submission via the Internet is available by registering on the department's Medical Electronic Data Interchange, Internet Electronic Claims (MEDI/IEC) System at: <http://www.myhfs.illinois.gov/>. The MEDI/IEC System is available to enrolled providers and their authorized staff, claim submitting agents and payees. During the registration process, you will be given access to specific claim formats based upon your enrollment status with the department.

Instructions for updating the Handbook for Hospitals:

Replace Page One of Appendix H-18, dated December 2004, with the attached revised Page One dated January 2006. Providers may wish to retain the December 2004 page as a reference.

**COVERED INJECTABLE DRUGS
PROVIDED IN CONJUNCTION WITH RENAL DIALYSIS**

HCPCS CODE	DRUG	COVERAGE BEGIN DATE	COVERAGE END DATE
J0636	Calcitriol (Calcijex)	01/01/03	
J0690	Cefazolin Sodium	06/01/96	
J0694	Cefoxitin Sodium	06/01/96	
=J0882	Aranesp	01/01/06	
J1270	Doxercalciferol (Hectoral)	01/01/02	
J1580	Gentamicin Sulfate	06/01/96	
J1750	Iron Dextran	01/01/01	12/31/05
=J1751	Iron Dextran 165	01/01/06	
=J1752	Iron Dextran 267	01/01/06	
J1756	Venofer	01/01/03	
J2501	Paricalcitol (Zemlar)	01/01/03	
J2916	Sodium Ferric Gluconate Complex in Sucrose (Ferrlecit)	01/01/03	
J2997	Cathflo Activase	07/01/02	
J3260	Tobramycin Sulfate	06/01/96	
J3370	Vancomycin	06/01/96	
J3430	Vitamin K/ Aquamephyton	06/01/96	
Q4054	Aranesp	03/01/04	12/31/05

The dosage for the drug as defined in the Healthcare Common Procedure Coding System (HCPCS) is considered one unit. If the dosage is one plus a portion of the amount listed, the dosage must be rounded up to the nearest whole number.

